

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

APPROVED
AND
FILED

98 FEB 17 PM 12:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000030211 (4)**
1. Corporation Name
SUNSET MARINA KEY WEST, INC.

Principal Place of Business
**3322 RIVIERA DRIVE
KEY WEST FL 33040**

Mailing Address
**3322 RIVIERA DRIVE
KEY WEST FL 33040**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 5601 College Road Suite, Apt. #, etc.		2a. Mailing Address 26 5601 College Road Suite, Apt. #, etc.		3. Date Incorporated or Qualified 04/20/1994	
22 City & State Key West, FL		27 City & State Key West, FL		4. FEI Number 65-0484764	
23 Zip 33040		28 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent GARTENMAYER, EDWARD D 3322 RIVIERA DRIVE KEY WEST FL 33040		10. Name and Address of New Registered Agent 81 Name Mark F. Grant PA 82 Street Address (P.O. Box Number is Not Acceptable) 200 East Broward Blvd Suite 1500 83 84 City Ft. Lauderdale FL 85 Zip Code 33301	
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept, the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Mark F. Grant* DATE **2/13/98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE P/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GARTENMAYER, EDWARD D		1.2 NAME Douglas J. Bell	
STREET ADDRESS 3322 RIVIERA DR.		1.3 STREET ADDRESS 7023 Oak Pointe Curve	
CITY-ST-ZIP KEY WEST FL		1.4 CITY-ST-ZIP Bloomington, MN 55438	
TITLE STD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE VP/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME COLLEEN GARTENMAYER		2.2 NAME Marlyn G. Erickson	
STREET ADDRESS 3322 RIVIERA DR		2.3 STREET ADDRESS 1002 W. Main	
CITY-ST-ZIP KEY WEST FL		2.4 CITY-ST-ZIP Rapid City, SD 57701	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS 200002434472--1	
CITY-ST-ZIP		3.4 CITY-ST-ZIP -02/18/98--01080--003	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Sandra B. Mortham* **2/17/98**

CR2E034 (1097)